

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000555

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 36

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 11 1963

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>                           |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Fulton</u>  |   | c. CITY OR TOWN <u>Kansas City</u>   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>Jackson County Home</u>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First <u>Grant</u> Middle <u>Mitchell</u> Last <u>Mitchell</u>   |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>4</u> Year <u>1963</u>  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>Negro</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> unk Divorced <input type="checkbox"/>                 | 8. DATE OF BIRTH<br><u>1895 ?</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>laborer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>unk</u>  | 9. AGE (last birthday)<br><u>67 ?</u>                                      |
| 13a. FATHER'S NAME<br><u>unk</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>unk</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>unk</u>   |   | 16. SOCIAL SECURITY NO.<br><u>[redacted]</u>   |  |
| 17. INFORMANT<br>Address <u>State Hospital No. 1, Fulton, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary embolism</u>                                       |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____   |  |
| 21. X attended the deceased from _____ to _____<br>Death occurred at <u>12:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22c. DATE SIGNED<br><u>2/5/63</u>  |  |
| 22a. SIGNATURE<br>(Type or print) <u>James K. Katterbusch MD</u>  |   | 22b. ADDRESS<br><u>Fulton, Missouri</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><u>2-5-63</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Anatomical Road</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Columbia MO.</u>       |
| 24. FUNERAL DIRECTOR<br><u>Robert H. Johnston</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>Feb 5 - 1963</u>  |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Martha Lawrence</u>   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.